

MARYLAND HIGHER EDUCATION COMMISSION
PRIVATE DONATION INCENTIVE PROGRAM
CERTIFICATION STATEMENT FORM

(Name of the Institution)

We certify that during Fiscal Year (July 1, through June 30,)

_____ has received _____
(Name of Institution) (Dollar Amount)

and _____ has received _____
(Name of Affiliated Foundation)

_____ for a total of _____
(Dollar Amount) (Dollar Amount)

in contributions which meet the requirements of the Private Donation Incentive Program as described in Title 17, Subtitle 3, Sections 17-301 through 17-306 of the Education Article of the Annotated Code of Maryland, the Maryland Higher Education Commission Guidelines for the Private Donation Incentive Program, and all non-regulatory guidance issued by the Secretary of Higher Education.

Specifically, we certify that:

1. The total dollar amount being certified and for which matching State funds are being claimed are actual donations, not pledges.
2. The affiliated foundation is within the meaning of that term as defined in Section 15-104 of the Education Article of the Annotated Code of Maryland, is approved by the appropriate institutional governing board to operate as an affiliated foundation, and has its fiscal affairs audited annually by an independent certified public accountant.
3. All contributions for which matching State funds are claimed have been made to support this institution and have been specifically designated by the donor for endowments as defined in Section E of the Maryland Higher Education Commission Guidelines for the Private Donation Incentive Program.
4. All contributions are from donors who did not contribute during the base year, July 1, 1997 through June 30, 1998 or represent increases by the donors from the contributions made during the base year.
5. All contributions have been made under the condition that the principal of each endowment will remain intact and will be invested in perpetuity for the purpose of producing income.

6. Income from all endowments, which will receive funds under this program, will be used solely for academic purposes that are consistent with the role and mission of the institution as approved by the Maryland Higher Education Commission.
7. All contributions made to a foundation affiliated with more than one institution were for endowments to support this specific institution.
8. No endowment, which is to receive matching State funds under this program, supports intercollegiate athletic programs or athletic scholarships.
9. All matching State funds received through the Private Donation Incentive Program will be assigned to eligible endowments as defined in Section E of the Maryland Higher Education Commission Guidelines to support this institution.

We further certify that the accompanying endowment and donor information forms are to our best knowledge true and correct.

President of the Institution (Signature)

(Typed Name)

Chief Development Officer (Signature)

(Typed Name)

Chief Financial Officer/Comptroller of the
Institution* (Signature)

(Typed Name)

Chief Executive Officer (Signature)
of the Affiliated Foundation**

(Typed Name)

Treasurer of the Affiliated (Signature)
Foundation**

(Typed Name)

*Necessary only if some contributions were donated to the institution.

**Necessary only if some contributions were donated to an affiliated foundation.

Form - 1

MARYLAND HIGHER EDUCATION COMMISSION
Private Donation Incentive Program
FY __ Eligible Endowment Information Funds

Institution: _____

List all endowments toward which contributions have been made and for which matching State funds are claimed.

Name of Endowment	Amount*	Purpose

Total: (Should equal \$ amount in Certification Statement) \$ _____

*Please round all figures to the nearest dollar

Question or comments regarding this submission should be directed to:

Name: _____
Title: _____
Address: _____
Phone #: _____
E-mail: _____

Form - 2

**MARYLAND HIGHER EDUCATION COMMISSION
Private Donation Incentive Program
FY ____ State-Matching Endowment Information Funds**

Institution: _____

STATE-MATCHING FUNDS WILL BE DISTRIBUTED AS FOLLOWS:

Name of Endowment	Amount*	Purpose

***Please round all figures to the nearest dollar.**

Form - 3

MARYLAND HIGHER EDUCATION COMMISSION
Private Donation Incentive Program
FY ____ Eligible Endowment Information Funds by Category

Institution: _____

Using the categories below, tally the donors for whose contributions matching State funds are claimed.

Categories of Donors	Total Number of Donors	Total Amount Donated by These Donors
Alumni**		\$
Parents**		
Trustees/Employees**		
Other Individuals		
Unduplicated Count of Persons***		
Foundation		
Corporations/Businesses		
Religious Organizations		
Fund-raising Consortia		
Other Organizations		
Totals		

* Please round all figures to the nearest dollar.

** Individual donors and their contributions should be included in each of the categories.

*** The sum of these totals should agree with the amount on the Certification Statement and Endowment Information Form - 1.

Form - 4

**MARYLAND HIGHER EDUCATION COMMISSION
PRIVATE DONATION INCENTIVE PROGRAM
FY ____ PAYEE DESIGNATION FORM**

State-Matching Payments may be made to each public sector, higher education institution or its affiliated foundation.

Payments of FY ____ funds are to be disbursed to: (check only one)

_____ Institution _____ Foundation

Check Payable to: _____

Complete Mailing Address:

Employer I.D.: _____

If four-year institution designated, payment must be processed through the State Comptroller.

RSTARS Codes: Agency: _____ Program: _____ Fund: _____

Transaction Code: _____

Copy of RSTARS transmittal interface information should be sent to:

Form - 5

**MARYLAND HIGHER EDUCATION COMMISSION
Private Donation Incentive Program
Independent Certification**

Institution: _____

Eligible Actual Donations and State-Matching Funds Placed in Endowment Accounts:

**Eligible Actual Donations and State-Matching Funds
Placed in Endowments Accounts**

	FY99	FY00	FY01	FY02	FY03	FY04	FY05
Donor Funds							
State Matching Funds	N/A						

“Eligible donations and matching State payments have been placed in an endowment fund restricted to academic purposes and that disbursement from these accounts have been made in accordance with the provisions of the endowment.”

The above information regarding donations and grant receipts agrees with records of

(State Institution or Foundation)

If it does not, please note any exceptions below:

Independent Auditor: _____

Signature: _____

Date: _____